

**ETS- Healthy Infant and Mothers Program
12 Month Follow-up Telephone Interview**

SUBJECT ID LABEL

DATE INTERVIEW COMPLETED: |_|_|-|_|_|-|_|_|
 MO DAY YR

FINAL INTERVIEW RESULT CODE:

Interview Completed02
Interview Partially Completed, Final03
Unable to Locate, Final92
Incomplete, Subject Unavailable.....93
Other Final Outcome94
Not Applicable97
Subject Refused.....99

BEST DATES/TIME FOR ANY SUBSEQUENT TELEPHONE INTERVIEW:

☐ Entered final result code, date, best time for any subsequent interview, and any updated contact information into DMS.

TIME INTERVIEW BEGAN: |__|__| : |__|__| am / pm

DATE OF 12-MONTH FOLLOWUP INTERVIEW: |__|__| - |__|__| - |__|__|__|__|
MO DAY YEAR**SECTION A. DEMOGRAPHIC FOLLOW-UP**

In order for the survey results to be useful, it is crucial that everyone give us accurate answers. Your answers are strictly confidential, as required by federal law. Also, you may refuse to answer any question. Please use the **blue** answer cards that you were given to help you answer some of the questions. I will be referring to them as we go. If you have any questions, please let me know. If not, we can start.

1. Is (NAME OF BABY) living with you now?

YES 1 → **SKIP TO Q.2**

NO 2

1b. Where is (he/she) living now?

BABY'S FATHER 1

MATERNAL GRANDPARENT(S) 2

PATERNAL GRANDPARENT(S) 3

OTHER RELATIVES 4

FOSTER CARE 5

OTHER 6

1d. SPECIFY _____

1e. How long do you expect (him/her) to be living there? Would you say . . .

less than 1 week 1

1-3 weeks 2

4-8 weeks, that is, 1-2 months, or 3

8 weeks or more, that is, more than 2 months 4

NOT SURE -8

1f. INTERVIEWER: PROVIDE ADDITIONAL DETAILS REGARDING BABY'S LIVING SITUATION AS APPROPRIATE.

2. Do you currently work either part time or full time at a job for pay? Please include odd jobs like babysitting or pickup work, and temporary jobs, as well as regular, steady jobs. (IF "YES," PROBE IF FULLTIME OR PARTTIME.)

YES, FULLTIME..... 1
 YES, PARTTIME..... 2
 NO 3

3. Are you currently enrolled in school?

YES 1
 NO 2

4. Last time when we spoke on (DATE OF 6 MONTH INTERVIEW), you were living at (GIVE HOME ADDRESS), have you moved since then?

YES 1 → **COLLECT NEW CONTACT INFORMATION
AND UPDATE CONTACT BOOKLET & ADD
ZIP CODE INFORMATION TO FINAL FILE**
 NO 2

5. Do you currently...

Own your own home, 1
 Rent your home, 2
 Live with someone else who owns the home, 3
 Live with someone else who rents the home, or..... 4
 Have some other arrangement? 5
 5a. SPECIFY _____

6. Including yourself, how many people currently live in your household?

- | 7. Do you currently receive: | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| a. Food Stamps?..... | 1 | 2 |
| b. Medicaid?..... | 1 | 2 |
| c. WIC (Women, Infants, and Children)?..... | 1 | 2 |
| d. Commodity Supplemental Food Program?..... | 1 | 2 |
| e. Public assistance/TANF? | 1 | 2 |

8. Outside of your participation in this project, have you received any of the following services in the last 12 months?

	<u>YES</u>	<u>NO</u>
a. Home visiting services?.....	1	2
b. Smoking cessation program?.....	1	2
c. Alcohol treatment?	1	2

	<u>YES</u>	<u>NO</u>
d. Drug treatment? (e.g., for substance abuse, addiction, methadone treatment)	1	2
e. Social worker support?	1	2
f. Counseling services?	1	2
g. Parenting classes?	1	2

The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills.

9. Are you currently covered by any kind of health insurance or some other kind of health care plan?

Yes 1

No 2 → SKIP TO 11

Don't know -8

10. Since your delivery, was there any time when you were not covered by any kind of health insurance or some other kind of health care plan?

Yes 1

No 2 → SKIP TO 13

Don't know -8 → SKIP TO 11

10a. How many weeks or months were you without coverage since your delivery?

|_|_| weeks or |_|_| months

10b. Why (do you not have/did you stop having) insurance coverage? (MARK ALL THAT APPLY)

PERSON IN FAMILY WITH HEALTH INSURANCE LOST JOB OR CHANGED EMPLOYERS	1
GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OR PARENT	2
BECAME INELIGIBLE BECAUSE OF AGE/LEFT SCHOOL	3
EMPLOYER DOES NOT OFFER COVERAGE/OR NOT ELIGIBLE FOR COVERAGE	4
COST IS TOO HIGH	5
INSURANCE COMPANY REFUSED COVERAGE	6
MEDICAID/MEDICAL PLAN STOPPED AFTER PREGNANCY	7
LOST MEDICAID/MEDICAL PLAN BECAUSE OF NEW JOB OR INCREASE IN INCOME	8
LOST MEDICAID, OTHER	9
OTHER REASON → 10c. SPECIFY	10
DON'T KNOW	-8

(SKIP TO Q13)

11. Since your delivery, was there any time when you were covered by any kind of health insurance or some other kind of health care plan?

Yes 1

No 2 → SKIP TO 12

Don't know -8 → SKIP TO 13

- 11a. How many weeks or months did you have coverage for yourself since you delivered?

|_|_| weeks or |_|_| months

12. Why (do you not have/did you stop having) insurance coverage? (MARK ALL THAT APPLY)

PERSON IN FAMILY WITH HEALTH INSURANCE LOST JOB
OR CHANGED EMPLOYERS 1

GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OR PARENT 2

BECAME INELIGIBLE BECAUSE OF AGE/LEFT SCHOOL 3

EMPLOYER DOES NOT OFFER COVERAGE/OR NOT ELIGIBLE
FOR COVERAGE 4

COST IS TOO HIGH 5

INSURANCE COMPANY REFUSED COVERAGE 6

MEDICAID/MEDICAL PLAN STOPPED AFTER PREGNANCY 7

LOST MEDICAID/MEDICAL PLAN BECAUSE OF NEW JOB OR
INCREASE IN INCOME 8

LOST MEDICAID, OTHER 9

OTHER REASON → 12c. SPECIFY 10

DON'T KNOW -8

13. What kind of health insurance or health care coverage (do you have/have you had)? Include those that pay for only one type of service (nursing home care, accidents, or dental care). Exclude private plans that only provide extra cash while hospitalized. (MARK ALL THAT APPLY)

PRIVATE HEALTH INSURANCE PROVIDED BY AN EMPLOYER OR UNION OR
OBTAINED DIRECTLY FROM AN INSURANCE COMPANY 1

MEDICARE 2

MEDI-GAP (PRIVATE INSURANCE TO SUPPLEMENT MEDICARE) 3

MEDICAID/DC HEALTHY FAMILIES 4

SHIP (CHIP/CHILDREN'S HEALTH INSURANCE PROGRAM) 5

MILITARY HEALTH CARE (TRICARE/VA/CHAMP-VA) 6

INDIAN HEALTH SERVICE 7

STATE-SPONSORED HEALTH PLAN/MEDICAL CHARITIES PROGRAM 8

OTHER GOVERNMENT PROGRAM 9

SINGLE SERVICE PLAN (E.G., DENTAL, VISION, PRESCRIPTION) 10

NEVER HAD INSURANCE COVERAGE 11

DON'T KNOW -8

14. Is [NAME OF BABY] currently covered by any kind of health insurance or some other kind of health care plan?

Yes 1

No 2 → SKIP TO 17

Don't know -8

15. Since your delivery, was there any time when your baby was not covered by any kind of health insurance or some other kind of health care plan?

Yes 1

No 2 → SKIP TO 18

Don't know -8 → SKIP TO 16

16a. How many weeks or months was she/he without coverage since your delivery?

____|____| weeks or ____|____| months

16b. Why (does your baby not have/did your baby stop having) insurance coverage? (MARK ALL THAT APPLY)

- PERSON IN FAMILY WITH HEALTH INSURANCE LOST JOB
OR CHANGED EMPLOYERS 1
- GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OR PARENT 2
- BECAME INELIGIBLE BECAUSE OF AGE/LEFT SCHOOL 3
- EMPLOYER DOES NOT OFFER COVERAGE/OR NOT ELIGIBLE
FOR COVERAGE 4
- COST IS TOO HIGH 5
- INSURANCE COMPANY REFUSED COVERAGE 6
- MEDICAID/MEDICAL PLAN STOPPED AFTER PREGNANCY 7
- LOST MEDICAID/MEDICAL PLAN BECAUSE OF NEW JOB OR
INCREASE IN INCOME 8
- LOST MEDICAID, OTHER 9
- OTHER REASON → 16c. SPECIFY _____ 10
- DON'T KNOW -8

(SKIP TO Q19)

17. Since your delivery, was there any time when [NAME OF BABY] was covered by any kind of health insurance or some other kind of health care plan?

Yes 1

No 2 → SKIP TO 18

Don't know -8 → SKIP TO 19

17a. How many weeks or months did you have coverage for your baby since you delivered?

____|____| weeks or ____|____| months

18. Why (does your baby not have/did your baby stop having) insurance coverage? (MARK ALL THAT APPLY)

PERSON IN FAMILY WITH HEALTH INSURANCE LOST JOB OR CHANGED EMPLOYERS.....	1
GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OR PARENT	2
BECAME INELIGIBLE BECAUSE OF AGE/LEFT SCHOOL.....	3
EMPLOYER DOES NOT OFFER COVERAGE/OR NOT ELIGIBLE FOR COVERAGE.....	4
COST IS TOO HIGH	5
INSURANCE COMPANY REFUSED COVERAGE	6
MEDICAID/MEDICAL PLAN STOPPED AFTER PREGNANCY	7
LOST MEDICAID/MEDICAL PLAN BECAUSE OF NEW JOB OR INCREASE IN INCOME.....	8
LOST MEDICAID, OTHER	9
OTHER REASON → 18c. SPECIFY.....	10
DON'T KNOW.....	-8

19. What kind of health insurance or health care coverage (does your baby have/has your baby had)? Include those that pay for only one type of service (nursing home care, accidents, or dental care). Exclude private plans that only provide extra cash while hospitalized. (MARK ALL THAT APPLY)
(MARK 11 IF NEVER HAD INSURANCE)

PRIVATE HEALTH INSURANCE PROVIDED BY AN EMPLOYER OR UNION OR OBTAINED DIRECTLY FROM AN INSURANCE COMPANY	1
MEDICARE	2
MEDI-GAP (PRIVATE INSURANCE TO SUPPLEMENT MEDICARE).....	3
MEDICAID/DC HEALTHY FAMILIES.....	4
SHIP (CHIP/CHILDREN'S HEALTH INSURANCE PROGRAM).....	5
MILITARY HEALTH CARE (TRICARE/VA/CHAMP-VA)	6
INDIAN HEALTH SERVICE.....	7
STATE-SPONSORED HEALTH PLAN/MEDICAL CHARITIES PROGRAM	8
OTHER GOVERNMENT PROGRAM	9
SINGLE SERVICE PLAN (E.G., DENTAL, VISION, PRESCRIPTION).....	10
NEVER HAD INSURANCE COVERAGE.....	11
DON'T KNOW.....	-8

SECTION B: INFANT HEALTH

1. Does ([NAME OF BABY]) have a regular pediatrician or usual source of health care?

Yes 1

No 2

1a. Since your child's birth, did any doctors or health care providers (other than the counselor you meet with as part of this project) ever

	NO	YES
(1) Ask if you or anyone else has smoked cigarettes in your home or around your new baby?.....	0	1
(2) Encourage you not to smoke around your baby?.....	0	1
(3) Recommend that you quit smoking?	0	1
(4) Talk to you about how to protect your child from injuries?	0	1
(5) Talk to you about how to make your home safe?	0	1
(6) Encourage you to supervise and watch your child at different ages?	0	1
(7) Tell you that they were carrying out what doctors call a developmental assessment of your child?	0	1
(8) Have your child pick up small objects, stack blocks, throw a ball, or recognize different colors?.....	0	1

2. Since our last interview on (DATE OF 6 MONTH INTERVIEW) would you say your baby's health has been...

Poor,..... 1

Fair,..... 2

Good, or 3

Excellent? 4

2a. Since our last interview on (DATE OF 6 MONTH INTERVIEW), has (NAME OF BABY) been to see a doctor or other medical personnel for a routine well-baby checkup or immunizations? (A well-baby checkup is a regular health visit for your baby with a pediatrician or family doctor.)

YES 1

NO 2 → **SKIP TO Q.3**

2b. How many times? |___|___|

2c. Where did you take (NAME OF BABY)?

DOCTOR NAME/LOCATION: _____

DOCTOR NAME/LOCATION: _____

DOCTOR NAME/LOCATION: _____

2d. Did (he/she) receive any shots during this (these visits)?

YES 1

NO 2 → **SKIP TO Q.3**

NOT SURE/CAN'T REMEMBER..... -8 → **SKIP TO Q.3**

2e. What were the shots during this (these visits) for? (CIRCLE ALL THAT APPLY)

APPLICABLE FOR ALL POSTPARTUM INTERVIEWS:

HEPATITIS B VACCINE (HEPB).....	1
ROTAVIRUS VACCINE (ROTA).	2
DIPHTHERIA AND TETANUS TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (DTAP).....	3
<i>HAEMOPHILUS INFLUENZAE</i> TYPE B CONJUGATE VACCINE (HIB).....	4
PNEUMOCOCCAL CONJUGATE VACCINE (PCV).....	5

APPLICABLE FOR 6 AND 12-MONTH INTERVIEWS:

INFLUENZA VACCINE OR TRIVALENT INACTIVATED INFLUENZA VACCINE (TIV).....	6
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APPLICABLE FOR 12-MONTH INTERVIEW ONLY:

MEASLES, MUMPS, AND RUBELLA VACCINE (MMR).	7
VARICELLA VACCINE	8
HEPATITIS A VACCINE (HEPA).....	9
OTHER: SPECIFY	10
SPECIFY	11
SPECIFY	12
BABY GOT WHATEVER THEY GIVE.....	13
DON'T KNOW/NOT SURE	14

3. Since our last interview on (DATE OF 6 MONTH INTERVIEW), has (NAME OF BABY) experienced any of the following health problems...		<u>IF YES:</u> 3a. About how many times has this happened?
(1) An ear infection?	YES 1→ NO 2 NOT SURE -8	_____ times <u>IF DK:</u> 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(2) Fever?	YES 1→ NO 2 NOT SURE -8	_____ times <u>IF DK:</u> 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(3) Bronchitis or bronchiolitis?	YES 1→ NO 2 NOT SURE -8	_____ times <u>IF DK:</u> 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(4) Pneumonia?	YES 1→ NO 2 NOT SURE -8	_____ times <u>IF DK:</u> 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(5) Coughing, wheezing, rattling in the chest or other breathing difficulties?	YES 1→ NO 2 NOT SURE -8	_____ times <u>IF DK:</u> 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(6) Any other respiratory problems such as a cough, cold, or runny nose?	YES 1→ NO 2 NOT SURE -8	_____ times <u>IF DK:</u> 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(7) Spitting up or reflux?	YES 1→ NO 2 NOT SURE -8	_____ times <u>IF DK:</u> 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(8) Vomiting?	YES 1→ NO 2 NOT SURE -8	_____ times <u>IF DK:</u> 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3

3. Since our last interview on (DATE OF 6 MONTH INTERVIEW), has (NAME OF BABY) experienced any of the following health problems...		IF YES: 3a. About how many times has this happened?
(9) Diarrhea?	YES 1→ NO 2 NOT SURE -8	____ ____ times IF DK: 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(10) Constipation?	YES 1→ NO 2 NOT SURE -8	____ ____ times IF DK: 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(11) Allergies to food, milk, or formula, etc.?	YES 1→ NO 2 NOT SURE -8	____ ____ times IF DK: 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(12) Any other type of feeding or digestion problems?	YES 1→ NO 2 NOT SURE -8	____ ____ times IF DK: 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(13) The skin condition called "eczema"?	YES 1→ NO 2 NOT SURE -8	____ ____ times IF DK: 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(14) Any other type of rash, including diaper rash?	YES 1→ NO 2 NOT SURE -8	____ ____ times IF DK: 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(15) Colic? (Irritability, inconsolable crying, and screaming accompanied by clenched fists, drawn-up legs, and a red face for <u>at least 3 hours per day, at least 3 days per week, and at least 3 weeks.</u> ")	YES 1→ NO 2 NOT SURE -8	____ ____ times IF DK: 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(16) Anemia or low iron?	YES 1→ NO 2 NOT SURE -8	____ ____ times IF DK: 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3

3. Since our last interview on (DATE OF 6 MONTH INTERVIEW), has (NAME OF BABY) experienced any of the following health problems...		IF YES: 3a. About how many times has this happened?
(17) Problems sleeping?	YES 1→ NO 2 NOT SURE -8	____ ____ times IF DK: 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(18) Immunization reactions	YES 1→ NO 2 NOT SURE -8	____ ____ times IF DK: 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(19) Any other health problems?	YES 1→ NO 2 NOT SURE -8 3c. SPECIFY _____ _____ _____	____ ____ times IF DK: 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3

4. Since our last interview on (DATE OF 6 MONTH INTERVIEW), has (NAME OF BABY), how many injuries has he/she had that...		
(1) were <u>minor</u> (i.e., no treatment was needed or only minor treatment, like a bandaid was needed)?	a. ____ ____ INJURIES	IF DK: b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(2) required <u>you to give treatment</u> (e.g., you needed to apply an ice pack or clean a wound)?	a. ____ ____ INJURIES	IF DK: b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(3) required <u>a doctor's attention</u> (e.g., a trip to the doctor's office, or hospital emergency room)?	a. ____ ____ INJURIES	IF DK: b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3

5. I will now read to you a list of different types of injuries children and babies often have. Please tell me if (NAME OF BABY) has had any of the following types of accidents or injuries since our last interview on (DATE OF 6 MONTH INTERVIEW), ...		IF YES: 5a. About how many times has this happened?
(1) A motor vehicle accident - as a passenger or pedestrian? (e.g., where you baby was in a car accident or was struck by a car while being walked)	YES 1→ NO 2 NOT SURE-8	____ ____ times IF DK: 5b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more?..... 3
(2) A water-related accident? (e.g., where the baby slipped under the water while in the tub, was face down in water, inhaled water , fell in water)	YES 1→ NO 2 NOT SURE-8	____ ____ times IF DK: 5b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more?..... 3
(3) A burn – from hot liquids, chemicals or fire, or hot objects? (e.g., where baby was burned on the stove, by a heater, scalding hot water, a cigarette)	YES 1→ NO 2 NOT SURE-8	____ ____ times IF DK: 5b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more?..... 3
(4) A fall - from heights (e.g., off the couch, a bed, out of your arms, down stairs) or from a moving object? (e.g., while you were on a bike, swing)	YES 1→ NO 2 NOT SURE-8	____ ____ times IF DK: 5b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more?..... 3
(5) A cut or scrape of any kind? (e.g., scrape, gash in head, puncture wound)	YES 1→ NO 2 NOT SURE-8	____ ____ times IF DK: 5b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more?..... 3
(6) A crushing injury? (e.g., slamming door on hand, stepped on foot, another child fell on)	YES 1→ NO 2 NOT SURE-8	____ ____ times IF DK: 5b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more?..... 3
(7) An electrical injury? (e.g., electric shock)	YES 1→ NO 2 NOT SURE-8	____ ____ times IF DK: 5b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more?..... 3
(8) An accidental poisoning from having eaten or ingested any poisonous chemicals, drugs, foods, plants, etc.?	YES 1→ NO 2 NOT SURE-8	____ ____ times IF DK: 5b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more?..... 3

5. Since our last interview on (DATE OF 6 MONTH INTERVIEW), has (NAME OF BABY) had ...		<u>IF YES:</u> 5a. About how many times has this happened?
(9) A choking or suffocation type of injury? (e.g., where the baby could not breathe, turned blue)	YES 1→ NO 2 NOT SURE -8	<div style="text-align: center;"> _ _ times</div> <u>IF DK:</u> 5b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more?..... 3
(10) Any other type of injury?	YES 1→ NO 2 NOT SURE -8 5c. SPECIFY _____ _____ _____	<div style="text-align: center;"> _ _ times</div> <u>IF DK:</u> 5b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more?..... 3

6. Since our last interview on (DATE OF 6 MONTH INTERVIEW), have you ever taken (NAME OF BABY) to see a doctor or other medical personnel because of any of the illnesses or injuries we just discussed?
Please do not include any visits to the emergency room or an overnight hospital patient stay; I will ask about those ER visits or hospital admissions in a few minutes.

YES 1→

NO 2 → **SKIP TO Q.8**

- 6a. How many different times have you taken (NAME OF BABY) to see the doctor or other medical personnel because of an illness or injury since our last interview?

|_|_| TIMES

IF MORE THAN 6 TIMES, USE SUPPLEMENTAL PAGE

ENTER NAME OF ALL MEDICAL CARE PROVIDERS INTO THE DMS AT
THE COMPLETION OF THE INTERVIEW

7. Next, let's review each time you took (NAME OF BABY) to the doctor for an injury or illness (not a regular well-baby visit) since our last interview. Start with the first time you took (NAME OF BABY) to the doctor or a medical provider for any type of illness or injury since (DATE OF 6-MONTH INTERVIEW).

	DOCTOR VISIT #1	DOCTOR VISIT #2	DOCTOR VISIT #3
a. In what month and year was the first/next doctor's visit?	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> <div>/</div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MO YR</div>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> <div>/</div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MO YR</div>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> <div>/</div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MO YR</div>
b. Where did you take (NAME OF BABY) for care for that illness/injury?	DR NAME/LOCATION:	DR NAME/LOCATION:	DR NAME/LOCATION:
c. What type of illness or injury did your baby have at that time?	SPECIFY ILLNESS OR INJURY: <hr/> CODE TYPE OF ILLNESS OR INJURY (MARK ALL THAT APPLY): RESPIRATORY ILLNESS..... 1 GASTROINTESTINAL ILLNESS..... 2 OTHER ILLNESS 3 INJURY 4 OTHER 5	SPECIFY ILLNESS OR INJURY: <hr/> CODE TYPE OF ILLNESS OR INJURY (MARK ALL THAT APPLY): RESPIRATORY ILLNESS 1 GASTROINTESTINAL ILLNESS 2 OTHER ILLNESS 3 INJURY 4 OTHER 5	SPECIFY ILLNESS OR INJURY: <hr/> CODE TYPE OF ILLNESS OR INJURY (MARK ALL THAT APPLY): RESPIRATORY ILLNESS 1 GASTROINTESTINAL ILLNESS 2 OTHER ILLNESS 3 INJURY 4 OTHER 5
d. Did (he/she) have any follow-up visits to the doctor for this illness or injury?	NO 1 (SKIP TO f) YES 2	NO 1 (SKIP TO f) YES 2	NO 1 (SKIP TO f) YES 2
e. How many follow-up visits did your baby have?	<div> <div></div> <div></div> <div></div> </div> <div>visits</div>	<div> <div></div> <div></div> <div></div> </div> <div>visits</div>	<div> <div></div> <div></div> <div></div> </div> <div>visits</div>
f. Did the doctor advise you to take (NAME OF BABY) to the ER or admit him/her to the hospital for this illness/injury? (CIRCLE ONE RESPONSE)	YES, BOTH ER & ADMIT 1 YES, WENT TO ER ONLY 2 YES, ADMITTED ONLY 3 NO, NEITHER 4	YES, BOTH ER & ADMIT 1 YES, WENT TO ER ONLY 2 YES, ADMITTED ONLY 3 NO, NEITHER 4	YES, BOTH ER & ADMIT 1 YES, WENT TO ER ONLY 2 YES, ADMITTED ONLY 3 NO, NEITHER 4

	DOCTOR VISIT #4	DOCTOR VISIT #5	DOCTOR VISIT #6
a. In what month and year was the next most recent/next most recent visit?	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div>/</div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div>MO YR</div>	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div>/</div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div>MO YR</div>	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div>/</div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div>MO YR</div>
b. Where did you take (NAME OF BABY) for care for this illness/injury?	DR NAME/LOCATION:	DR NAME/LOCATION:	DR NAME/LOCATION:
c. Why did you take (him/her) to the doctor at that time?	SPECIFY ILLNESS OR INJURY: _____ CODE TYPE OF ILLNESS OR INJURY (MARK ALL THAT APPLY): RESPIRATORY ILLNESS 1 GASTROINTESTINAL ILLNESS 2 OTHER ILLNESS 3 INJURY 4 OTHER 5	SPECIFY ILLNESS OR INJURY: _____ CODE TYPE OF ILLNESS OR INJURY (MARK ALL THAT APPLY): RESPIRATORY ILLNESS 1 GASTROINTESTINAL ILLNESS 2 OTHER ILLNESS 3 INJURY 4 OTHER 5	SPECIFY ILLNESS OR INJURY: _____ CODE TYPE OF ILLNESS OR INJURY (MARK ALL THAT APPLY): RESPIRATORY ILLNESS 1 GASTROINTESTINAL ILLNESS 2 OTHER ILLNESS 3 INJURY 4 OTHER 5
d. Did (he/she) have any follow-up visits to the doctor for this illness or injury?	NO 1 (SKIP TO f) YES 2	NO 1 (SKIP TO f) YES 2	NO 1 (SKIP TO f) YES 2
e. How many?	<div> <div></div> <div></div> </div> <div>visits</div>	<div> <div></div> <div></div> </div> <div>visits</div>	<div> <div></div> <div></div> </div> <div>visits</div>
f. Did (he/she) end up going to the ER or admitted to the hospital for this illness/injury? (CIRCLE ALL THAT APPLY)	YES, WENT TO ER 1 YES, ADMITTED 2 NEITHER 3	YES, WENT TO ER 1 YES, ADMITTED 2 NEITHER 3	YES, WENT TO ER 1 YES, ADMITTED 2 NEITHER 3

Since our last interview on (DATE OF 6 MONTH INTERVIEW) :

8a. How many times has (NAME OF BABY) been treated or seen in an emergency room for an illness or injury? TIMES

8b. How many time has (NAME OF BABY) been admitted as an overnight patient at a hospital for an illness or injury? TIMES

INTERVIEWER:	IF BOTH Q8A AND Q8B = 0 → SKIP TO SECTION C
	IF EITHER Q8A OR Q8B \geq 1 → CONTINUE WITH Q. 9

IF MORE THAN 6 TIMES, USE SUPPLEMENTAL PAGE

ENTER NAME OF ALL MEDICAL CARE PROVIDERS INTO THE DMS AT THE COMPLETION OF THE
INTERVIEW

9. Starting with the **first** ER visit or hospital admission since (DATE OF 6 MONTH INTERVIEW) (whichever came first). . .

	ER/HOSPITAL VISIT #1	ER/HOSPITAL VISIT #2	ER/HOSPITAL VISIT #3
a. In what month and year since our last interview was the first/next ER visit/hospital admission?	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div>/</div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div>MO YR</div>	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div>/</div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div>MO YR</div>	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div>/</div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div>MO YR</div>
b. What type of visit was this -an ER visit, a hospital admission or both?	ER VISIT ONLY 1 → SKIP TO d HOSPITAL ONLY 2 BOTH..... 3	ER VISIT ONLY 1 → SKIP TO d HOSPITAL ONLY 2 BOTH 3	ER VISIT ONLY..... 1 → SKIP TO d HOSPITAL ONLY 2 BOTH 3
c. How many nights did your baby spend in the hospital during this visit?	<div> <div></div> <div></div> </div> <div># NIGHTS</div>	<div> <div></div> <div></div> </div> <div># NIGHTS</div>	<div> <div></div> <div></div> </div> <div># NIGHTS</div>
d. Why was your baby taken to the ER or admitted to the hospital at that time?	SPECIFY ILLNESS OR INJURY: <hr/> CODE TYPE OF ILLNESS OR INJURY (MARK ALL THAT APPLY): RESPIRATORY ILLNESS 1 GASTROINTESTINAL ILLNESS 2 OTHER ILLNESS 3 INJURY 4 OTHER..... 5	SPECIFY ILLNESS OR INJURY: <hr/> CODE TYPE OF ILLNESS OR INJURY (MARK ALL THAT APPLY): RESPIRATORY ILLNESS..... 1 GASTROINTESTINAL ILLNESS..... 2 OTHER ILLNESS 3 INJURY 4 OTHER..... 5	SPECIFY ILLNESS OR INJURY: <hr/> CODE TYPE OF ILLNESS OR INJURY (MARK ALL THAT APPLY): RESPIRATORY ILLNESS 1 GASTROINTESTINAL ILLNESS 2 OTHER ILLNESS 3 INJURY 4 OTHER..... 5
d. Was (he/she) taken to the ER/admitted to the hospital for one of the illnesses or injuries we just discussed?	YES 1 NO..... 2 (SKIP TO f)	YES..... 1 NO 2 (SKIP TO f)	YES 1 NO..... 2 (SKIP TO f)
e. Which one?	INDICATE DOCTOR VISIT # <div> <div></div> <div></div> </div>	INDICATE DOCTOR VISIT # <div> <div></div> <div></div> </div>	INDICATE DOCTOR VISIT # <div> <div></div> <div></div> </div>
f. Where did you take (NAME OF BABY) for care at that time?	DR NAME/LOCATION:	DR NAME/LOCATION:	DR NAME/LOCATION:

	ER/HOSPITAL VISIT #4	ER/HOSPITAL VISIT #5	ER/HOSPITAL VISIT #6
a. In what month and year since our last interview was the next ER visit/hospital admission?	<div> <div> <div></div> <div></div> <div></div> </div> <div>/</div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MO YR</div>	<div> <div> <div></div> <div></div> <div></div> </div> <div>/</div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MO YR</div>	<div> <div> <div></div> <div></div> <div></div> </div> <div>/</div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MO YR</div>
b. What type of visit was this - an ER visit, a hospital admission or both?	ER VISIT ONLY1 → SKIP TO D HOSPITAL ONLY 2 BOTH 3	ER VISIT ONLY1 → SKIP TO D HOSPITAL ONLY 2 BOTH 3	ER VISIT ONLY 1 → SKIP TO D HOSPITAL ONLY 2 BOTH 3
c. How many nights did your baby spend in the hospital during this visit?	<div> <div></div> <div></div> </div> # NIGHTS	<div> <div></div> <div></div> </div> # NIGHTS	<div> <div></div> <div></div> </div> # NIGHTS
d. Why was your baby taken to the ER or admitted to the hospital at that time?	SPECIFY ILLNESS OR INJURY: <hr/> CODE TYPE OF ILLNESS OR INJURY (MARK ALL THAT APPLY): RESPIRATORY ILLNESS..... 1 GASTROINTESTINAL ILLNESS..... 2 OTHER ILLNESS 3 INJURY 4 OTHER 5	SPECIFY ILLNESS OR INJURY: <hr/> CODE TYPE OF ILLNESS OR INJURY (MARK ALL THAT APPLY): RESPIRATORY ILLNESS..... 1 GASTROINTESTINAL ILLNESS 2 OTHER ILLNESS..... 3 INJURY 4 OTHER 5	SPECIFY ILLNESS OR INJURY: <hr/> CODE TYPE OF ILLNESS OR INJURY (MARK ALL THAT APPLY): RESPIRATORY ILLNESS..... 1 GASTROINTESTINAL ILLNESS 2 OTHER ILLNESS..... 3 INJURY 4 OTHER 5
d. Was (he/she) taken to the ER/admitted to the hospital for one of the illnesses or injuries we just discussed?	YES 1 NO 2 (SKIP TO f)	YES 1 NO 2 (SKIP TO f)	YES 1 NO 2 (SKIP TO f)
e. Which one?	INDICATE DOCTOR VISIT # <div> <div></div> <div></div> </div>	INDICATE DOCTOR VISIT # <div> <div></div> <div></div> </div>	INDICATE DOCTOR VISIT # <div> <div></div> <div></div> </div>
f. Where did you take (NAME OF BABY) for care at that time?	DR NAME/LOCATION:	DR NAME/LOCATION:	DR NAME/LOCATION:

SECTION C: INFANT CARE PRACTICES AND TEMPERMENT

Now, I would like to ask you some questions about (NAME OF BABY)'s feeding and sleeping habits.

1. Did you ever breastfeed or pump breast milk to feed your new baby since our last interview on (DATE OF 6-MONTH INTERVIEW)?

YES..... 1

NO..... 2 → **SKIP TO Q.3**

2. Are you still breastfeeding or feeding pumped milk to your new baby?

YES..... 1

NO..... 2

- 2a. Since our last interview (DATE OF 6-MONTH PP INTERVIEW), how many days, weeks or months did you breastfeed or pump milk to feed your baby?

|_|_|_| DAYS |_|_|_|_| WEEKS |_|_|_|_| MONTHS

-7 ☐ EVERY DAY/THE ENTIRE TIME SINCE **6-MONTH PP INTERVIEW**

3. How old was your baby the first time you fed him or her anything besides breast milk? Include formula, water, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.

|_|_|_| DAYS |_|_|_|_| WEEKS |_|_|_|_| MONTHS

-7 ☐ I HAVE NOT YET FED MY BABY ANYTHING BESIDES BREAST MILK → **SKIP TO Q. 4**

- 3a. How old was your baby the first time you fed him or her anything with a spoon (e.g., rice, cereal, baby fruit, baby food)?

|_|_|_| DAYS |_|_|_|_| WEEKS |_|_|_|_| MONTHS

-7 ☐ I HAVE NOT YET FED MY BABY ANYTHING WITH A SPOON

- 3b. How old was your baby the first time you fed him or her any solid foods (e.g., hot dog, peanuts, meat, apples unstrained)?

|_|_|_| DAYS |_|_|_|_| WEEKS |_|_|_|_| MONTHS

-7 ☐ I HAVE NOT YET FED MY BABY ANY SOLID FOODS

4. During the past week, how often did you do each of the following with your baby? Please rate how often you did each of the following using **CARD A**. Your first reaction to each question should be your answer.

	Hardly ever or <u>never</u>	1-2 times <u>a week</u>	3-5 times <u>a week</u>	Every or almost <u>every day</u>	2 or more times <u>a day</u>
a. Talked to your baby while you were feeding or changing his/her diaper?	1	2	3	4	5
b. Read a book out loud to your baby	1	2	3	4	5
c. Played games like peek-a-boo and back and forth games with your baby?.....	1	2	3	4	5
d. Had special cuddle times with your baby?	1	2	3	4	5
e. Took your baby outside for walks?	1	2	3	4	5
f. Massaged your baby's hands, legs, body?.....	1	2	3	4	5
g. Encouraged your baby to copy what you do?.....	1	2	3	4	5
h. Helped your baby to learn a new skill (e.g., reach and grasp something, eat with a spoon, say a new word, stand or walk)?.....	1	2	3	4	5

5. Next, I will read you some statements about 1- to 3-year-old children. Many statements describe normal feelings and behaviors, but some describe things that may be a problem. Please do your best to answer every question. For each statement, please tell me which answer best describes your child's behavior in the LAST MONTH.

	Not True/ <u>Rarely</u>	Somewhat True/ <u>Sometimes</u>	Very True/ <u>Often</u>	NO CONTACT WITH OTHER <u>CHILDREN</u>
a. Shows pleasure when s/he succeeds (For example, claps for self).	0	1	2	
b. Gets hurt so often that you can't take your eyes off him/her.....	0	1	2	
c. Seems nervous, tense or fearful.....	0	1	2	
d. Is restless and can't sit still.....	0	1	2	
e. Follows rules.	0	1	2	
f. Wakes up at night and needs help to fall asleep again ..	0	1	2	
g. Cries or tantrums until s/he is exhausted.....	0	1	2	
h. Is afraid of certain places, animals or things.	0	1	2	
<i>What is s/he afraid of?:</i> _____				
i. Has less fun than other children	0	1	2	
j. Looks for you (or other parent) when upset.....	0	1	2	
k. Cries or hangs onto you when you try to leave	0	1	2	
l. Worries a lot or is very serious.....	0	1	2	

	Not True/ Rarely	Somewhat True/ Sometimes	Very True/ Often	NO CONTACT WITH OTHER CHILDREN
m. Looks right at you when you say his/her name.0		1	2	
n. Does not react when hurt.....0		1	2	
o. Is affectionate with loved ones.....0		1	2	
p. Won't touch some objects because of how they feel0		1	2	
q. Has trouble falling asleep or staying asleep.0		1	2	
r. Runs away in public places.0		1	2	
s. Plays well with other children (not including brother ..0 or sister). (<i>Circle -7 if there is no contact with other children</i>)		1	2	-7
t. Can pay attention for a long time. (Other than when watching TV).....0		1	2	
u. Has trouble adjusting to changes.....0		1	2	
v. Tries to help when someone is hurt (for example, gives a toy).0		1	2	
w. Often gets very upset.....0		1	2	
x. Gags or chokes on food.....0		1	2	
y. Imitates playful sounds when you ask him/her to.0		1	2	
z. Refuses to eat.0		1	2	
aa. Hits, shoves, kicks, or bites children (not including brother or sister). (<i>Circle -7 if there is no contact with other children</i>).....0		1	2	-7
bb. Is destructive. Breaks or ruins things on purpose.....0		1	2	
cc. Points to show you something far away.....0		1	2	
dd. Hits, bites or kicks you (or other parent).....0		1	2	
ee. Hugs or feeds dolls or stuffed animals0		1	2	
ff. Seems very unhappy, sad, depressed or withdrawn.0		1	2	
gg. Purposely tries to hurt you (or other parent).0		1	2	
hh. When upset, gets very still, freezes or doesn't move0		1	2	

6. The following statements describe feelings and behaviors that can be problems for young children. Some of the statements may be a bit hard to understand, especially if you have not seen these behaviors in your child. Please do your best to respond with the answer that best fits your child in the LAST MONTH

	Not True/ <u>Rarely</u>	Somewhat True/ <u>Sometime</u>	Very True/ <u>Often</u>
a. Puts things in a special order, over and over and gets upset if s/he is interrupted.....	0	1	2
b. Repeats the same action or phrase, over and over without enjoyment. <i>Please give an example:</i> _____	0	1	2
c. Repeats a particular movement, over and over (like rocking, spinning). <i>Please give an example:</i> _____	0	1	2
d. "Spaces out." Is totally unaware of what is happening around him/her	0	1	2
e. Does not make eye contact.....	0	1	2
f. Avoids physical contact.	0	1	2
g. Hurts self on purpose. (For example, bangs his or her head)..... <i>Please describe:</i> _____	0	1	2
h. Eats or drinks things that are not edible, like paper or paint..... <i>Please describe:</i> _____	0	1	2

7. How worried are you about your child's ...	Not at all <u>Worried</u>	A Little <u>Worried</u>	<u>Worried</u>	Very <u>Worried</u>
a. Behavior, emotions, or relationships?	1	2	3	4
b. Language development?.....	1	2	3	4

SECTION D. PARENT-CHILD RELATIONSHIP, ATTITUDES, & BEHAVIORS

1. Now, I have some questions about how you have been feeling about your new baby and being a mother since our last interview on (DATE OF 6 MONTH INTERVIEW). Please rate the extent to which you agree or disagree with the following statements using **CARD B**. Your first reaction to each question should be your answer.

	Strongly <u>Agree</u>	Somewhat <u>Agree</u>	<u>Not Sure</u>	Somewhat <u>Disagree</u>	Strongly <u>Disagree</u>
a. I have had doubtful feelings about my ability to handle being a parent. Do you...	1	2	3	4	5
b. Being a parent is harder than I thought it would be. Do you	1	2	3	4	5
c. I feel capable and on top of things when I am caring for my child.....	1	2	3	4	5
d. I can't make decisions without help.....	1	2	3	4	5
e. I have had many more problems raising children than I expected	1	2	3	4	5
f. I enjoy being a parent. Do you	1	2	3	4	5
g. I feel that I am successful most of the time when I try to get my child to do or not do something.....	1	2	3	4	5
h. I find that I am not able to take care of this child as well as I thought I could. I need help.....	1	2	3	4	5
i. I often have the feeling that I cannot handle things very well	1	2	3	4	5

2. When I think about myself as a parent, I believe...

I can handle anything that happens,	1
I can handle most things pretty well,.....	2
Sometimes I have doubts, but I find I handle most things without any problems,	3
I have some doubts about being able to handle things, or.....	4
I don't think I handle things very well at all.	5

3. I feel that I am...

A very good parent,	1
A better than average parent,	2
An average parent,	3
A person who has some trouble being a parent, or	4
Not very good at being a parent.	5

4. How easy is it for you to understand what your baby wants and needs? Would you say . . .

Very easy, 1

Somewhat easy, 2

Somewhat difficult, 3

Very hard, or 4

You usually cannot figure out what the problem is? 5

5. Using the scale on **CARD C**, where 1 = Not at all attached and 5 = Strongly Attached, how would you rate your baby's emotional attachment to you?

1	2	3	4	5
Not at all				Strongly
Attached				Attached

6. Using the same scale on **CARD C**, where 1 = Not at all attached and 5 = Strongly Attached, how would you rate your emotional attachment to your baby?

1	2	3	4	5
Not at all				Strongly
Attached				Attached

7. Do you currently have a partner, boyfriend, spouse, or someone with whom you have a romantic or sexual relationship?

YES 1

NO 2 → **SKIP TO Q. 14**

8. How long have you been together with your current partner (in years, months, weeks or days)?

|_|_| YEARS |_|_| MONTHS |_|_| WEEKS |_|_| DAYS

9. Do you currently live with your partner?

YES 1 NO 2

10. Since our last interview on (DATE OF 6 MONTH INTERVIEW), how supportive of you has your current partner been both emotionally and in terms of helping you to take care of (NAME OF BABY)? Would you say . . .

Not at all supportive, 1

Not very supportive, 2

Somewhat supportive, 3

Very supportive, or 4

Extremely supportive? 5

11. On average, during the past month, how often has your partner spent time with (NAME OF BABY)? Would you say...
- Every day or almost every day, 1
- 3-4 times per week, 2
- 1-2 times per week, 3
- 1-3 times per month, or 4
- Not at all? 5
12. Do you feel that your current partner is a...
- A very good parent, 1
- A better than average parent, 2
- An average parent, 3
- A person who has some trouble being a parent, or 4
- Not very good at being a parent. 5
13. Is your current partner the father of this baby?
- YES 1 → **SKIP TO SECTION E, PG. 29**
- NO 2
- NOT SURE, DON'T KNOW -8 → **SKIP TO SECTION E, PG. 29**
14. Do you currently live with the father of your baby?
- YES 1
- NO 2
15. Since (DATE OF 6 MONTH INTERVIEW), how supportive of you has your baby's father been both emotionally and in terms of helping you to take care of (NAME OF BABY)? Would you say . . .
- Not at all supportive, 1
- Not very supportive, 2
- Somewhat supportive, 3
- Very supportive, or 4
- Extremely supportive?..... 5

16. On average, during the past month, how often has the father of your baby spent time with (NAME OF BABY)? Would you say . . .

Every day or almost every day, 1

3-4 times per week, 2

1-2 times per week, 3

1-3 times per month, or 4

Not at all? 5

17. Do you feel that the father of your baby is a . . .

A very good parent, 1

A better than average parent, 2

An average parent, 3

A person who has some trouble being a parent, or 4

Not very good at being a parent. 5

SECTION E. TOBACCO USE, ATTITUDES, BELIEFS, BEHAVIORS

Now I'd like to ask you about your cigarette smoking habits since our last interview on (DATE OF 6 MONTH INTERVIEW). When I ask about cigarettes, please remember to count a cigar or pipeful of tobacco the same as a cigarette.

1. At any time since our last interview on (DATE OF 6 MONTH INTERVIEW), did you smoke at all, even a puff of a cigarette?

YES 1

NO 2 → **SKIP TO Q.2**

- 1a. About how many of the weeks since our interview on (DATE OF 6-MONTH PP INTERVIEW) did you smoke at all even a puff of a cigarette?

|_|_| WEEKS < 1 WEEK -1

- 1b. About how many days per week did you usually smoke cigarettes since (DATE OF 6 MONTH INTERVIEW)?

|_|_| DAYS/WK < 1 DAY/WEEK -1

- 1c. About how many cigarettes did you usually smoke each day since (DATE OF 6 MONTH INTERVIEW)?

|_|_| CIGARETTES/DAY A FEW PUFFS -1

- 1d. About how many cigarettes did you usually smoke each day around your new baby since (DATE OF 6 MONTH INTERVIEW)?

|_|_| CIGARETTES/DAY A FEW PUFFS -1

- 1e. At any time since (DATE OF 6 MONTH INTERVIEW), were you able to stop smoking for 24 hours or longer?

YES 1

NO 2 → **SKIP TO Q.1g**

- 1f. Thinking about all the times you quit since DATE OF 4-MONTH PP INTERVIEW), about how many total days, weeks or months were you able to stay smoke free since (DATE OF 6-MONTH PP INTERVIEW)?

|_|_| # OF DAYS |_|_| # OF WKS |_|_| # OF MONTHS

ENTIRE TIME -9

- 1g. When you smoked cigarettes at home, how often do you go outside to smoke instead of smoking inside your home? Would you say . . .

Never, 1
 Rarely, 2
 Sometimes, 3
 Often, or 4
 Almost always? 5

- 1h. When you are in an indoor location with non-smokers, including children, how often do you smoke around them? Would you say . . .

Never, 1
 Rarely, 2
 Sometimes, 3
 Often, or 4
 Almost always? 5

2. Would you say you currently smoke more, less, or about the same number of cigarettes now as you did while you were pregnant?

MORE 1
 ABOUT THE SAME 2
 LESS 3

- 2a. Would you say you currently smoke more, less or about the same number of cigarettes now as you did during the 6 months before you found you were pregnant?

MORE 1
 ABOUT THE SAME 2
 LESS 3

3. On how many of the past 7 days have you smoked at least one puff of a cigarette?

|__| DAYS IF "0" → **SKIP TO Q. 8**

4. For the next questions, I need you to think about a typical day when you smoked cigarettes in the past 7 days. Which typical day have you selected?

_____ 1 ☐ WEEK DAY 2 ☐ WEEKEND DAY

5. On (TYPICAL DAY) of this past week, about how many cigarettes did you smoke? |__|__| CIGARETTES

	6a. About how many of those (# in Q.5) cigarettes did you smoke when you were ... (ASK 6a AND 6b ACROSS FOR ITEMS (1) – (4).	6b. Of the cigarettes you smoked (REPEAT LOCATION) that day, how many did you smoke <u>around your baby or when your baby was with you?</u>
(1) in a car?	__ __ CIGARETTES IF = 00, SKIP TO Q6A-2	__ __ CIGARETTES
(2) at home, <u>indoors</u> ?	__ __ CIGARETTES IF = 00, SKIP TO Q6A-3	__ __ CIGARETTES
(3) at home, <u>outdoors</u> ?	__ __ CIGARETTES IF = 00, SKIP TO Q6A-4	__ __ CIGARETTES
(4) somewhere else, other than at your home or in a car?	__ __ CIGARETTES IF = 00, SKIP TO Q7	__ __ CIGARETTES

7. During the past 24 hours, how many cigarettes did you smoke?

|__|__| CIGARETTES

NONE 00 → **SKIP TO Q.8**

7a. Of the (# IN Q7) cigarettes you smoked during the past 24 hours, how many cigarettes did you smoke around your baby, that is, when your baby was with you in the same room, house or in a car while you smoked any part of a cigarette?

|__|__| CIGARETTES

8. How long has it been (in hours, days, weeks, months or years) since you smoked at all, even a puff of a cigarette? (RECORD EXACT RESPONSE, USING AS MANY BOXES AS NECESSARY)

|__|__| HOURS

|__|__| DAYS

|__|__| WEEKS

|__|__| MONTHS

|__|__| YEARS

INTERVIEWER: HAS R SMOKED IN THE PAST 7 DAYS?

YES.....1 → SKIP TO Q. 10

NO.....2 → GO TO Q. 9

9. How confident are you that you can remain a non-smoker, and quit smoking for good?
Would you say . . .

Not at all confident, 1
 Not very confident, 2
 Somewhat confident, 3
 Very confident, or 4
 Extremely confident? 5

INTERVIEWER: HAS R SMOKED IN THE LAST 30 MONTHS? (SEE Q.8)?

YES 1 → SKIP TO Q. 12

NO 2 → SKIP TO SECTION F

10. Are you seriously thinking about quitting smoking . . .

Within the next 30 days, 1
 Within the next 6 months, or 2
 Are you not thinking of quitting? 3

11. If you decided to quit smoking during the next month, how confident are you that you could quit smoking for good and remain a non-smoker? Would you say . . .

Not at all confident, 1
 Not very confident, 2
 Somewhat confident, 3
 Very confident, or 4
 Extremely confident? 5

12. Regardless of whether you have quit smoking or not, these questions may still apply to you. Since our last interview on (DATE OF 6 MONTH INTERVIEW), how much support or encouragement have you received from your partner, the father of your baby, your family, and/or friends to help you to cut down, quit smoking, or remain a non-smoker? Would you say . . .

None at all, 1
 A little, 2
 Some, or 3
 A lot? 4

13. Since our last interview on (DATE OF 6 MONTH INTERVIEW), how much support or encouragement have you received from your partner, household members, family, and friends to help you to not smoke around your new baby? Would you say . . .

None at all, 1
 A little,..... 2
 Some, or..... 3
 A lot? 4

14. In the last week, how strong have your urges been to smoke a cigarette? Would you say . . .

Not at all strong,..... 1
 Not very strong, 2
 Somewhat strong..... 3
 Very strong, or 4
 Extremely strong? 5

15. Since our last interview on (DATE OF 6 MONTH INTERVIEW), have you done any of the following to try to quit, cut down on your smoking, or remain a non-smoker?

	<u>YES</u>	<u>NO</u>
a. Limited your smoking at home to only certain areas or rooms inside your house (e.g., in the basement, bedroom, kitchen, living room)?	1	2
b. Limited your smoking at home only to the outdoors, or outside your house (e.g., on the front porch, in the back yard)?	1	2
c. Called or talked to a friend or family member who supports your not smoking?	1	2
d. Since (DATE OF 6 MONTH INTERVIEW), have you stayed away from other people who were smoking?	1	2
e. Have you done something else to avoid smoking a cigarette (e.g., cleaned the house, read a magazine, went for a walk)?	1	2
f. Done something nice or to reward yourself (e.g., buy a dress) for not smoking?	1	2
g. Since (DATE OF 6 MONTH INTERVIEW), have you asked your partner, friends or family members to help you stay smoke-free?	1	2
h. Used any type of nicotine replacement product, for example, chewing nicotine gum, wearing a quit smoking patch, or using a nicotine inhaler or spray?	1	2

18. Since our last interview on (DATE OF 6 MONTH INTERVIEW), have any of the following people ever encouraged you not to smoke and to stay smoke free around your new baby?

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| a. Your baby's doctor or any other pediatric clinic staff (a nurse or doctor)? | 1 | 2 |
| b. Your current partner or the father of your baby? | 1 | 2 |
| c. Someone else you live with? | 1 | 2 |
| d. A family member who does not live with you? | 1 | 2 |
| e. A friend who does not live with you? | 1 | 2 |
| f. Anyone else? | 1 | 2 |

18g. SPECIFY: _____

24. Please use **CARD B** to answer these next questions. As I read each statement, think about how often you have had these thoughts or done these things when you had the urge to smoke in the last month.

- | | <u>Never</u> | <u>Seldom</u> | <u>Occasionally</u> | <u>Often</u> | <u>Repeatedly</u> |
|--|--------------|---------------|---------------------|--------------|-------------------|
| a. When I am tempted to smoke
I think about something else. In
the last month, did this happen..... | 1 | 2 | 3 | 4 | 5 |
| b. I tell myself I can quit if I want to. In
the last month, did this happen | 1 | 2 | 3 | 4 | 5 |
| c. I recall information people have
given me on the benefits of
quitting smoking. | 1 | 2 | 3 | 4 | 5 |
| d. I can expect to be rewarded by others
if I don't smoke. | 1 | 2 | 3 | 4 | 5 |
| e. I stop to think that my smoking is
harmful to my baby. | 1 | 2 | 3 | 4 | 5 |
| f. I get upset when I think about my
smoking. | 1 | 2 | 3 | 4 | 5 |
| g. I remove things from my home or place
of work that remind me of smoking. | 1 | 2 | 3 | 4 | 5 |
| h. I have someone who listens when
I need to talk about my smoking. In
the last month, did this happen | 1 | 2 | 3 | 4 | 5 |
| i. I think about information from articles
and ads about how to stop smoking. | 1 | 2 | 3 | 4 | 5 |
| j. I consider that being around others who
smoke can be harmful to the baby. | 1 | 2 | 3 | 4 | 5 |
| k. I tell myself that if I try hard enough
I can keep from smoking..... | 1 | 2 | 3 | 4 | 5 |
| l. My need for cigarettes makes me
feel disappointed in myself. | 1 | 2 | 3 | 4 | 5 |

- | | <u>Never</u> | <u>Seldom</u> | <u>Occasionally</u> | <u>Often</u> | <u>Repeatedly</u> |
|---|--------------|---------------|---------------------|--------------|-------------------|
| m. I have someone I can count on when I'm having problems with smoking.
In the last month, did this happen | 1 | 2 | 3 | 4 | 5 |
| n. I do something else instead of smoking when I need to relax. | 1 | 2 | 3 | 4 | 5 |
| o. I keep things around my home or place of work that remind me not to smoke. | 1 | 2 | 3 | 4 | 5 |
| p. I am rewarded by others if I don't smoke. | 1 | 2 | 3 | 4 | 5 |

SECTION F: ETS EXPOSURE, BELIEFS, & PRACTICES

The next questions are about how much the other people in your life, such as your partner, family members, friends, visitors, or the people you live with have smoked cigarettes, pipes, cigars or other tobacco products around you and your new baby since our last interview on (DATE OF 6 MONTH INTERVIEW). When I ask about cigarettes, please remember to count a cigar and a pipeful of tobacco the same as a cigarette.

- 1a. About how many days per week did someone else (not including yourself) smoke cigarettes inside your home since our last interview on (DATE OF 6 MONTH INTERVIEW)?
- DAYS/WK < 1 DAY/WEEK.....-1 NO DAYS..... 0 → **SKIP TO Q.1d**
- 1b. On the days when other people smoked inside your home, about how many cigarettes per day were usually smoked since our last interview on (DATE OF 6 MONTH INTERVIEW)?
- CIGARETTES/DAY A FEW PUFFS-1
- 1c. When other people smoked inside your home, about how many cigarettes per day were usually smoked around you since our last interview on (DATE OF 6 MONTH INTERVIEW)?
- CIGARETTES/DAY A FEW PUFFS-1
- 1d. About how many days per week did someone else smoke around you while you were away from your home (e.g., in someone else's home in an enclosed room or a car) since our last interview on (DATE OF 6 MONTH INTERVIEW)?
- DAYS/WK < 1 DAY/WEEK.....-1 NO DAYS..... 0 → **SKIP TO Q.2a**
- 1e. When other people smoked around you away from your home, about how many cigarettes per day did they usually smoke around you since our last interview on (DATE OF 6 MONTH INTERVIEW)?
- CIGARETTES/DAY A FEW PUFFS-1
- 2a. During a typical week since our last interview on (DATE OF 6 MONTH INTERVIEW), About how many days per week did someone else smoke cigarettes around your new baby inside your home since our last interview on (DATE OF 6 MONTH INTERVIEW)?
- DAYS/WK < 1 DAY/WEEK.....-1 NO DAYS..... 0 → **SKIP TO Q.2c**
- 2b. When other people smoked inside your home, about how many cigarettes were usually smoked per day around your baby since our last interview on (DATE OF 6 MONTH INTERVIEW)?
- CIGARETTES/DAY A FEW PUFFS-1
- 2c. About how many days per week did someone else smoke around your new baby while away from your home (e.g., in someone else's home, in an enclosed room or a car) since our last interview on (DATE OF 6 MONTH INTERVIEW)?
- DAYS/WK < 1 DAY/WEEK.....-1 NO DAYS..... 0 → **SKIP TO Q.3**
- 2d. When other people smoked around your new baby away from your home, about how many cigarettes were usually smoked each day since our last interview on (DATE OF 6 MONTH INTERVIEW)?
- CIGARETTES/DAY A FEW PUFFS-1

Next, I would like to ask you about the people, other than yourself, who may have smoked either inside your home or around you and your new baby since our last interview on (DATE OF 6 MONTH INTERVIEW), and during the past 7 days. If you are not sure, take your best guess. Remember, one pack of cigarettes per day = 20 cigarettes.

	(A) Your baby's father	(B) Your current partner/ husband/ boyfriend (CHECK Q.D13, PG 27 IF PARTNER IS BABY'S FATHER)	(C) Any of your other household members (EXCLUDING PARTNER AND BABY'S FATHER)	(D) Any of your other friends and family members who do not live with you
3. (Does/Do) _____ smoke cigarettes?	YES..... 1 NO..... 2 → SKIP TO COL B	YES..... 1 NO..... 2 → SKIP TO COL C PARTNER IS BABY'S FATHER-7 → SKIP TO COL. C	YES 1 NO 2 → SKIP TO. COL D N/A -8 → SKIP TO. COL D N/A IF NO OTHER HH MEMBERS	YES 1 NO 2 → SKIP TO Q. 7a
3a. How many cigarette smokers, <u>not including yourself, your partner, or the baby's father</u> , live in your home?	_ _ SMOKERS (EXCLUDE PARTNER OR BABY'S FATHER IF LIVE IN HH)			
3b. How many of your family members and friends, who do not live with you, are cigarette smokers? Would you say . . .				Less than half 1 About half of them 2 More than half of them, 3 All of them? 4
4. (Has/have) _____ smoked at all, even a puff of a cigarette, <u>inside your home since our last interview?</u>	YES..... 1 NO..... 2 → SKIP TO. Q.5	YES..... 1 NO..... 2 → SKIP TO Q.5	YES 1 NO 2 → SKIP TO Q.5	YES 1 NO 2 → SKIP TO Q.5
4a. On how many of the past 7 days did ____ smoke cigarettes <u>inside your home?</u>	_ DAYS	_ DAYS	_ DAYS	_ DAYS
5. (Has/have) _____ smoked at all, even a puff of a cigarette, <u>around you since our last interview?</u>	YES..... 1 NO..... 2 → SKIP TO Q.5e	YES..... 1 NO..... 2 → SKIP TO Q.5e	YES 1 NO 2 → SKIP TO Q.5e	YES 1 NO 2 → SKIP TO Q.5e
5a. On how many of the past 7 days did _____ smoke cigarettes <u>around you inside your home?</u>	_ DAYS IF 0 → SKIP TO Q. 5c	_ DAYS IF 0 → SKIP TO Q. 5c	_ DAYS IF 0 → SKIP TO Q. 5c	_ DAYS IF 0 → SKIP TO Q. 5c
5b. On a typical day in the past 7 days, about how many cigarettes per day did _____ smoke <u>around you inside your home?</u>	_ _ CIGARETTES/DAY	_ _ CIGARETTES/DAY	_ _ CIGARETTES/DAY	_ _ CIGARETTES.DAY

	(A) Your baby's father	(B) Your current partner/ husband/ boyfriend (CHECK Q.D13, PG 27 IF PARTNER IS BABY'S FATHER)	(C) Any of your other household members (EXCLUDING PARTNER AND BABY'S FATHER)	(D) Any of your other friends and family members who do not live with you
5c. On how many of the past 7 days did ____ smoke a cigarette around you away from your home, (e.g., in a car, at another person's home, at a restaurant, at work, or some other place)?	____ DAYS IF 0 → SKIP TO Q. 5e	____ DAYS IF 0 → SKIP TO Q. 5e	____ DAYS IF 0 → SKIP TO Q. 5e	____ DAYS IF 0 → SKIP TO Q. 5
5d. On a typical day in the past 7 days, about how many cigarettes per day did ____ smoke <u>around</u> <u>you away from home</u> ?	____ CIGARETTES/DAY	____ CIGARETTES/DAY	____ CIGARETTES/DAY	____ CIGARETTES/DAY
5e. Since our last interview on (DATE OF 6 MONTH INTERVIEW), has/have ____ increased smoking around you, continued smoking the same amount <u>around you</u> , reduced smoking around you, or stopped smoking <u>around you</u> ?	Increased 1 Same amount 2 Reduced 3 Stopped 4 (CONTINUE TO Q.6)	Increased 1 Same amount 2 Reduced 3 Stopped 4 (CONTINUE TO Q.6)	Increased 1 Same amount 2 Reduced 3 Stopped 4 (CONTINUE TO Q.6)	Increased 1 Same amount 2 Reduced 3 Stopped 4 (CONTINUE TO Q.6)

	(A) Your baby's father	(B) Your current partner/ husband/ boyfriend (CHECK Q. D13, PG 27 IF PARTNER IS BABY'S FATHER)	(C) Any or your other household members (EXCLUDING PARTNER OR BABY'S FATHER)	(D) Any of your other friends family members who do not live with you
6. (Has/have) _____ smoked at all, even a puff of a cigarette, <u>around your new baby since our last interview on (DATE OF 6 MONTH INTERVIEW)?</u>	YES 1 NO 2 → SKIP TO COL. B	YES..... 1 NO 2 → SKIP TO COL. C	YES.....1 NO.....2 → SKIP TO COL. D	YES 1 NO 2 → SKIP TO Q.6e
6a. On how many of the past 7 days did _____ smoke cigarettes <u>around your new baby inside your home?</u>	____ DAYS IF 0 → SKIP TO Q. 6c	____ DAYS IF 0 → SKIP TO Q. 6c	____ DAYS IF 0 → SKIP TO Q. 6c	____ DAYS IF 0 → SKIP TO Q. 6c
6b. On a typical day in the past 7 days, about how many cigarettes per day did _____ smoke <u>around your new baby inside your home</u>	____ CIGARETTES/DAY	____ CIGARETTES/DAY	____ CIGARETTES/DAY	____ CIGARETTES/DAY
6c. On how many of the past 7 days did ____ smoke a cigarette <u>around your new baby away from your home</u> , (e.g., in a car, at another person's home, at a restaurant, at work, or some other place)?	____ DAYS IF 0 → SKIP TO Q. 6e	____ DAYS IF 0 → SKIP TO Q. 6e	____ DAYS IF 0 → SKIP TO Q.6e	____ DAYS IF 0 → SKIP TO Q.6e
6d. On a typical day in the past 7 days, about how many cigarettes per day did ____ smoke <u>around your new baby away from your home?</u>	____ CIGARETTES/DAY	____ CIGARETTES/DAY	____ CIGARETTES/DAY	____ CIGARETTES/DAY
6e. Since our last interview on (DATE OF 6 MONTH INTERVIEW), has/have _____ increased smoking around your new baby, continued smoking the same amount around (him/her), reduced smoking around (him/her), or stopped smoking around your new baby?	Increased1 Same amount.....2 Reduced3 Stopped4 (GO TO COL.B)	Increased1 Same amount2 Reduced3 Stopped4 (GO TO COL. C)	Increased.....1 Same amount2 Reduced3 Stopped.....4 (GO TO COL. D)	Increased1 Same amount2 Reduced3 Stopped4 (GO TO Q.7)

7. Does anyone other than yourself take care of (NAME OF BABY) either on a regular basis or when you need some extra help with care giving (e.g., so you can have a break, go shopping, get out for an evening)?
 YES 1
 NO 2 → **SKIP TO Q.14**
8. Who takes care of (him/her) on a regular basis or when you need some extra help with care giving?
 (CIRCLE ALL THAT APPLY)
 Baby's father/mother's partner 1
 Baby's sibling under age 18..... 2
 Another child under age 18..... 3
 Baby's grand-parent..... 4
 Other adult relative 5
 Friend or neighbor 6
 Child care worker at day care center/nursery 7
 Other..... 8 ↓
 8a. SPECIFY: _____
 8b. SPECIFY: _____
9. Where does this person (do these persons) usually care for (NAME OF BABY)? Is it . . .
 (CIRCLE ALL THAT APPLY)
 In your baby's home, 1
 In their or someone else's home, 2
 In a childcare center/nursery, or 3
 Someplace else? 4 ↓
 9a. SPECIFY: _____
10. During a typical week, since our last interview on (DATE OF 6 MONTH INTERVIEW) how many days per week and hours per day did (NAME OF BABY) usually spend with any other caregivers, other than yourself?
 _____ DAY PER WEEK **AND** _____ HOURS PER DAY
11. Do any of these other people who take care if your baby either on a regular basis or when you need extra help, smoke cigarettes in the house or building where they take care of your baby?
 (ASK FOR PERSON CIRCLED IN Q.11)
- | | <u>YES</u> | <u>NO</u> | <u>NA</u> |
|--|------------|-----------|-----------|
| a. Baby's father/mother's partner | 1 | 2 | -7 |
| b. Baby's sibling under age 18 | 1 | 2 | -7 |
| c. Another child under age 18 | 1 | 2 | -7 |
| d. Baby's grand-parent | 1 | 2 | -7 |
| e. Other adult relative | 1 | 2 | -7 |
| f. Friend or neighbor | 1 | 2 | -7 |
| g. Child care worker at day care center/nursery | 1 | 2 | -7 |
| h. Other ↓ | 1 | 2 | -7 |
| i. SPECIFY _____ | | | |
- IF YES:**
12. Since our last interview, have you ever talked to ____ about not smoking, or asked ____ not to smoke around (NAME OF BABY)?
- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 1 | 1 | 2 |
| 2 | 1 | 2 |
| 3 | 1 | 2 |
| 4 | 1 | 2 |
| 5 | 1 | 2 |
| 6 | 1 | 2 |
| 7 | 1 | 2 |
| 8 | 1 | 2 |

13. Thinking about all of the people who may have taken care of your baby since our last interview on (DATE OF 6 MONTH INTERVIEW), either on a regular basis, or when you needed help with the baby, about how many hours a day, on average, is s/he in the same room with someone who is smoking?

|_|_| HOURS

-7 ☐ MY BABY IS NEVER IN THE SAME ROOM WITH SOMEONE WHO IS SMOKING

14. How much do you think that people smoking cigarettes around your new baby, including yourself, could harm your new baby's health? Would you say . . .

Not at all, 1
 Not very much, 2
 Somewhat, or 3
 A lot? 4
 DON'T KNOW -8

15. If you were to stop people from smoking around your new baby, including yourself, how much do you think that this would actually improve your baby's health? Would you say . . .

Not at all, 1
 Not very much, 2
 Somewhat, or 3
 A lot? 4

16. Given all the other priorities and concerns in your life, how important of a priority is it for you to make sure that your new baby is not exposed to cigarette smoke? Would you say . . .

Not at all important, 1
 Not very important, 2
 Somewhat important 3
 Very important, or 4
 Extremely important? 5

17. In general, who in your household is most likely to make decisions or set the rules about whether cigarettes can be smoked in you home? Would you say...

You are most likely to decide/make up the rules, 1
 Decisions and rules about smoking in the house are jointly shared, or 2
 Someone else is most likely to decide/make up the rules? 3

18. Which of the following statements best describes where cigarette smoking is allowed to happen inside your home? Would you say...
- Smoking is not allowed anywhere inside your home,1 → **SKIP TO Q. 22**
- Smoking is allowed only in certain areas or rooms inside your home, or2
- Smoking is allowed anywhere inside your home.....3
19. Which statement best describes who is allowed to smoke inside your home? Would you say...
- No one is allowed to smoke inside your home,1
- Only special guests are allowed to smoke inside your home, , or2
- Everyone is allowed to smoke inside your home.....3
20. How do you handle cigarette smoking when you are away from your home?
- I do not allow anyone to smoke around me and my new baby,1
- I only allow certain people to smoke around me and my new baby, or2
- I allow everyone to smoke around me and my new baby?3
21. Since our last interview on (DATE OF 6 MONTH INTERVIEW), have you done any of the following to reduce the number of cigarettes other people smoke around you and your new baby?
- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. Posted a no smoking sign or magnet in your home? | 1 | 2 |
| b. Created no smoking in house rules at your home? | 1 | 2 |
| c. Talked to other people about the harmful effects that cigarette smoking <u>around you</u> can have on your health? | 1 | 2 |
| d. Talked to other people about the harmful effects that cigarette smoking <u>around your new baby</u> can have on your infants health? | 1 | 2 |
| e. Asked other people not to smoke <u>around you</u> ? | 1 | 2 |
| f. Asked other people not to smoke <u>around your new baby</u> ? | 1 | 2 |
| g. Stayed away from other people who were smoking cigarettes? | 1 | 2 |
| h. Kept your new baby away from other people who were smoking cigarettes? | 1 | 2 |
| i. Did something nice for the people who stopped smoking around you? | 1 | 2 |
| j. Did something nice for the people who stopped smoking around your baby? | 1 | 2 |

22. Please use CARD D. Since our last interview on (DATE OF 6 MONTH INTERVIEW), how often have you asked other people who wanted to smoke a cigarette at your home to smoke outside instead of inside your home? Would you say . . .

Never, 1
 Rarely,..... 2
 Sometimes, 3
 Often, or..... 4
 Almost always?..... 5
 NO ONE HAS WANTED TO SMOKE IN MY HOME-7

23. Please use CARD D. Since our last interview on (DATE OF 6 MONTH INTERVIEW), how often have you asked other people not to smoke around you and your baby when you were away from your home and someone wanted to smoke, for example, when you were visiting the home of a friend or family member who smokes? Would you say . . .

Never, 1
 Rarely,..... 2
 Sometimes, 3
 Often, or..... 4
 Almost always?..... 5
 NO ONE HAS WANTED TO SMOKE AT ANOTHER HOME.....-7

24. Please use CARD D. Since our last interview on (DATE OF 6 MONTH INTERVIEW), how often have you gone outside or left the room when someone else started to light up or to smoke a cigarette around you? Would you say . . .

Never, 1
 Rarely,..... 2
 Sometimes, 3
 Often, or..... 4
 Almost always?..... 5
 NO ONE HAS STARTED TO SMOKE AROUND ME -7

25. Please use CARD D. Since our last interview on (DATE OF 6 MONTH INTERVIEW), how often have you taken your baby outside or out of the room when someone else started to light up or to smoke a cigarette around your baby? Would you say . . .

Never, 1
 Rarely, 2
 Sometimes, 3
 Often, or 4
 Almost always? 5
 NO ONE HAS STARTED TO SMOKE AROUND MY BABY -7

26. Please use CARD E. If you decided you did not want other people to smoke around you during the next month, how confident are you that you could stop them? Would you say . . .

Not at all confident, 1
 Not very confident, 2
 Somewhat confident, 3
 Very confident, or 4
 Extremely confident? 5

27. Please use CARD E. If you wanted to keep other people from smoking around your new baby, how confident are you that you could stop them? Would you say . . .

Not at all confident, 1
 Not very confident, 2
 Somewhat confident, 3
 Very confident, or 4
 Extremely confident? 5

28. If you asked your partner, other household members, family, friends, or coworkers who smoke cigarettes not to smoke around you, how much support or understanding do you think you would get? Would you say . . .

None, 1
 Not much, 2
 Some, or 3
 A lot? 4

29. If you asked your partner, other household members, family, friends, or coworkers who smoke cigarettes not to smoke around your new baby, how much support or understanding do you think you would get? Would you say. . .

None,..... 1

Not much,..... 2

Some, or 3

A lot? 4

SECTION G. PARENTING SUPERVISORY/SAFETY KNOWLEDGE AND PRACTICES

The next questions are about parenting, child safety and infant development. Please imagine yourself and your baby in the following situations, and tell me what you would do in each case. There are no right or wrong answers. Just tell me what you would do.

1. How do you put your new baby down to sleep most of the time? Is it . . .
 - On his or her side, 1
 - On his or her back, or 2
 - On his or her stomach? 3
2. How often does your new baby sleep in the same bed with you or anyone else? Would you say . . .
 - Always 1
 - Often 2
 - Sometimes..... 3
 - Rarely 4
 - Never 5
3. Do you have an infant car seat(s) for your baby?
 - Yes 1
 - No 2
4. When your baby rides in a car, truck, or van, how often does he or she ride in an infant car seat? Would you say . . .
 - Always 1
 - Often 2
 - Sometimes..... 3
 - Rarely..... 4
 - Never..... 5 → **SKIP TO Q.7**
5. When your new baby rides in an infant car seat, is he or she usually in the front or back seat of the car, truck, or van?
 - Front seat 1
 - Back seat 2
6. When your new baby rides in an infant car seat, is he or she usually facing forward or facing the rear of the car, truck, or van?
 - Facing forward..... 1
 - Facing the rear 2

7. Do you have a smoke detector or fire alarm in your home?

- YES..... 1
 NO..... 2 → **SKIP TO Q.8**
 DON'T KNOW.....-8→ **SKIP TO Q.8**

7a. How often do you check the batteries in your fire alarm? Would you say . . .

- Every month,..... 1
 Every other month, 2
 Every six months, or 3
 Once a year?..... 4
 NOT SURE/DON'T KNOW -8

8. During a typical week, how often do you allow your baby to use a baby walker? Would you say...

- Never 1
 Rarely (<1 day) 2
 Some or a little of the time (1-2 days) 3
 Occasionally or a moderate amount of time (3-4 days)..... 4
 Most or all of the time (5-7 days) 5
 NOT APPLICABLE (DO NOT OWN A WALKER)..... -7
 NOT APPLICABLE (BABY NOT WALKING YET) -9

9. Do you have safety gates on your stairs?

- YES..... 1
 NO..... 2 → **SKIP TO Q.10**
 NOT APPLICABLE (NO STAIRS IN HOME)-7 → **SKIP TO Q.10**

9a. Do you have safety gates at the top of the stairs, the bottom or both?

- Top of the stairs 1
 Bottom of the stairs 2
 Both at the top and the bottom of the stairs 3

9b. How often do you check to see that the safety gates on the stairs are locked? Would you say...

- Rarely or none of the time (<1 day a week) 1
 Some or a little of the time (1-2 days a week)..... 2
 Occasionally or a moderate amount of time (3-4 days a week)..... 3
 Most or all of the time (5-6 days a week)..... 4
 One or more times a day..... 5

10. Finally, I would now like to ask you about some additional things you may do while caring for your child or around your house. Please use CARD F to indicate how often you did each of the following activities.

- | | <u>Never</u> | <u>Less than
half the
time</u> | <u>About
half the
time</u> | <u>More
than half
time</u> | <u>Every
time</u> | <u>N/A</u> |
|--|--------------|--|------------------------------------|------------------------------------|-----------------------|------------|
| a. How often do you carry or hold your child while cooking food on the stove? Would you say ... | 1 | 2 | 3 | 4 | 5 | |
| b. How often do you carry or hold your child in your lap while drinking hot beverages (e.g., drinking a cup of coffee or tea or eating hot food)? Would you say | 1 | 2 | 3 | 4 | 5 | |
| c. How often do you leave your child alone for just a minute on a tabletop or changing table (e.g., while you ran to the next room to get a diaper or T-shirt)? | 1 | 2 | 3 | 4 | 5 | |
| d. When you are not able to hold your child, how often do you leave your child sitting on the countertop or any other area, either in an infant carrier or her/his own? | 1 | 2 | 3 | 4 | 5 | |
| e. When allowing your child to play or crawl on the floor, how often do you move or remove anything around that the child could climb on and possible fall off of (e.g., coffee table) or that could fall on the child (e.g., unsecured bookcase, poorly balanced TV)? | 1 | 2 | 3 | 4 | 5 | -7 |
| f. When you cannot hold your baby, and you need to do something else, how often do you put your child down in a crib or playpen? | 1 | 2 | 3 | 4 | 5 | |
| g. When feeding your child, how often do you feed your child hard food like baby apples, hot dogs, grapes, peanuts or popcorn? Would you say | 1 | 2 | 3 | 4 | 5 | |
| h. When giving your child toys to play with, how often do you give your child small toys that have small pieces and parts (e.g., Lego, marbles) or small objects (like nuts, candies) to play with or hold on to? | 1 | 2 | 3 | 4 | 5 | |
| i. When bathing your baby, how often do you test the water temperature with a thermometer or with your hand before putting your baby into the water? | 1 | 2 | 3 | 4 | 5 | |

- | | <u>Never</u> | <u>Less than
half the
time</u> | <u>About
half the
time</u> | <u>More
than half
time</u> | <u>Every
time</u> | <u>N/A</u> |
|---|--------------|--|------------------------------------|------------------------------------|-----------------------|------------|
| j. When cooking around your baby (or when someone else is cooking around your baby), how often do you turn the handles of pots to the back of the stove? Would you say..... | 1 | 2 | 3 | 4 | 5 | |
| k. When your child is sitting in a high chair, stroller, infant carrier or baby swing, how often do you use a safety strap? | 1 | 2 | 3 | 4 | 5 | -7 |
| l. When your baby is sleeping, how often do you leave blankets, pillows or something soft for your baby to sleep on in the crib or playpen? | 1 | 2 | 3 | 4 | 5 | -7 |

SECTION H: PSYCHOSOCIAL ISSUES

Next, I would like to ask you a few questions just about you, and your feelings.

1. Please use CARD G to answer each statement that reflects how much control you feel you have in your daily life.

Strongly
Agree Agree Disagree Disagree
 Strongly

- a. I have little or no control over the things that happen to me. Do you 1 2 3 4
- b. There is really no way I can solve some of the problems I have. Do you 1 2 3 4
- c. There is little I can do to change many of the important things in my life. 1 2 3 4
- d. I often feel helpless in dealing with the problems of life. 1 2 3 4
- e. Sometimes I feel that I am being pushed around in life. 1 2 3 4
- f. What happens to me in the future mostly depends on me. 1 2 3 4
- g. I can do just about anything I set my mind to do. 1 2 3 4

2. Since our last interview on (DATE OF 4-MONTH INTERVIEW), have you had two or more weeks in a row when you felt sad, blue or depressed, or when you lost all interest or pleasure in things that you usually cared about or enjoyed?

YES 1

NO 2

3. I am now going to read to you some ways you may have felt or behaved during the past week. Please use CARD H for these items. During the past week, how often...

	Rarely or None of the time (<u><1 day</u>)	Some or a little of the time (<u>1-2 days</u>)	Occasionally or a moderate amount of time (<u>3-4 days</u>)	Most or all of the time (<u>5-7 days</u>)
a. Were you bothered by things that usually don't bother you? Would you say	1	2	3	4
b. How often did you have trouble keeping your mind on what you were doing? Would you say	1	2	3	4
c. How often did you feel depressed?	1	2	3	4
d. How often did you feel that everything you did was an effort?	1	2	3	4
e. During the past week how often did you feel hopeful about the future? Would you say	1	2	3	4
f. How often did you feel fearful?	1	2	3	4
g. How often did your sleep become restless?	1	2	3	4
h. During the past week how often were you happy?	1	2	3	4
i. How often did you feel lonely?	1	2	3	4
j. How often did you feel you could not "get going"?	1	2	3	4

4. Are you currently taking any prescribed medications for anxiety (nerves), depression, or stress?

YES..... 1

NO..... 2

SECTION I: SUBSTANCE USE

These questions are about alcohol and drugs.

1. During the past month, how often did you drink ____? Would you say. . .

	<u>Every day or almost every day</u>	<u>3-4 times/wk</u>	<u>1-2 times/wk</u>	<u>Once or twice only?</u>	<u>Not at all</u>
(1) Beer?	1	2	3	4	5
(2) Wine?	1	2	3	4	5
(3) Wine coolers?.....	1	2	3	4	5
(4) Hard liquor, such as vodka, gin, scotch, bourbon, tequila, brandy, or liqueur?	1	2	3	4	5

2. During the past month, how often did you use ____? Would you say. . .

	<u>Every day or almost every day</u>	<u>3-4 times/wk</u>	<u>1-2 times/wk</u>	<u>Once or twice only?</u>	<u>Not at all</u>
(1) Marijuana or hashish?	1	2	3	4	5
(2) Crack or cocaine?.....	1	2	3	4	5

3. During the past month, did you use. . . YES NO

- a. Heroin?..... 1 2
- b. LSD?
- c. Amphetamines (uppers)?
- d. Sedatives, or tranquilizers (downers,
nerve pills, pain killers)?
- e. Any other type of drugs?..... 1 2

INTERVIEWER: IF Q.3a-e ARE <u>ALL</u> "NO," SKIP TO SECTION J
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4. During the past month, did you ever use a needle to take any of these drugs?

YES..... 1

NO..... 2

NOT SURE, CAN'T REMEMBER..... -8

SECTION J: PARTNER & OTHER INTERPERSONAL RELATIONSHIPS

The following questions are about things that may have happened to you since you became involved in this project.

1. Within the last year, have you been emotionally abused by your boyfriend, ex-boyfriend, your husband, or ex-husband, or the baby's father, that is, has this person disrespected or called you names like ugly or stupid, etc.?
 YES..... 1
 NO..... 2 → **GO TO Q. 1b**
 - 1a. How many times did your partner or the baby's father do this to you? |__| |__|
 - 1b. Did this ever happen while you were pregnant?
 YES..... 1
 NO..... 2
2. Within the last year, have you ever been hit, slapped, kicked, pushed, shoved, forced to have sex, or otherwise physically hurt by your boyfriend, ex-boyfriend, your husband, or ex-husband, or the baby's father?
 YES..... 1
 NO..... 2 → **GO TO Q. 2b**
 - 2a. How many times did your partner or the baby's father do this to you? |__| |__|
 - 2b. Did this ever happen while you were pregnant?
 YES..... 1
 NO..... 2
3. Within the last year, did you hit, slap, kick, push, shove, force to have sex, or otherwise physically hurt your boyfriend, ex-boyfriend, your husband, or ex-husband, or the baby's father?
 YES..... 1
 NO..... 2 → **GO TO Q. 3b**
 - 3a. How many times did you do this to your partner, husband or the baby's father? |__| |__|
 - 3b. Did this ever happen while you were pregnant?
 YES..... 1
 NO..... 2
4. Are you afraid of your current partner or the baby's father?
 YES..... 1
 NO..... 2

INTERVIEWER: DOES R HAVE A CURRENT PARTNER? (REFER TO Q.B7 ON PG. 5)

YES 1 → GO TO Q. 5

NO 2 → SKIP TO Q. 7

5 How much do you agree or disagree with the following statements?

		Strongly disagree	Disagree	Agree	Strongly agree
a.	My partner does what he wants, even if I do not want him to. Do you...	1	2	3	4
b.	I feel trapped or stuck in our relationship.	1	2	3	4
a.	I am more committed to our relationship than my partner is. Do you . . .	1	2	3	4
d.	My partner tells me who I can spend time with.	1	2	3	4
e.	My partner always wants to know where I am.	1	2	3	4
f.	My partner won't let me wear certain things.	1	2	3	4
f.	Most of the time, we do what my partner wants to do. Do you . . .	1	2	3	4
g.	When my partner and I are together, I am pretty quiet.	1	2	3	4
h.	My partner has more to say than I do about important decisions that affect us.	1	2	3	4
i.	When my partner and I disagree, he gets his way most of the time.	1	2	3	4
j.	In general, my partner gets more out of the relationship than I do.	1	2	3	4
k.	If I asked my partner to use a condom, he would think I am having sex with other people.	1	2	3	4
l.	If I asked my partner to use a condom, he would get angry. Do you . . .	1	2	3	4
m.	If I asked my partner to use a condom, he would get violent.	1	2	3	4
n.	My partner might be having sex with someone else.	1	2	3	4

6. Just a few more questions about your partner. Please use Card I for these items. During the past month, how much of the time have you felt the following...

	None of the <u>time</u>	A little of the <u>time</u>	Some of the <u>time</u>	A good bit of the <u>time</u>	Most of the <u>time</u>	All of the <u>time</u>
a. My spouse or partner cares about me. During the past month did you feel this	1.....	2.....	3.....	4.....	5.....	6
b. My spouse or partner accepts me as I am. During the past month did you feel this	1.....	2.....	3.....	4.....	5.....	6
c. I enjoy the time I spend with my spouse or partner?	1.....	2.....	3.....	4.....	5.....	6
d. My spouse or partner seems interested in how I am doing?	1.....	2.....	3.....	4.....	5.....	6
e. My spouse or partner comes through for me when I need him?	1.....	2.....	3.....	4.....	5.....	6
f. When something is on my mind, just talking with my spouse or partner can make me feel better. During the past month did you feel this	1.....	2.....	3.....	4.....	5.....	6
g. My spouse or partner encourages me when I feel discouraged or down?	1.....	2.....	3.....	4.....	5.....	6
h. I enjoy talking about everyday kinds of things with my spouse or partner?	1.....	2.....	3.....	4.....	5.....	6
i. My spouse or partner is a good source of useful information when I need it.	1.....	2.....	3.....	4.....	5.....	6
j. My spouse or partner helps me out. During the past month did you feel this	1.....	2.....	3.....	4.....	5.....	6
k. When I need someone to help me out, I can usually rely on my spouse or partner.	1.....	2.....	3.....	4.....	5.....	6

7. Finally, I would now like to ask you about your relationships with other people who are important in your life. This might include your children, family, or friends. Please use Answer **Card I** for these items. During the past month, how much of the time have you felt the following...

	<u>None</u> <u>of the</u> <u>time</u>	<u>A little</u> <u>of the</u> <u>time</u>	<u>Some</u> <u>of the</u> <u>time</u>	<u>A good bit</u> <u>of the time</u>	<u>Most</u> <u>of the</u> <u>time</u>	<u>All of</u> <u>the time</u>
a. The people I care about make me feel that they care about me. During the past month did you feel this	1.....	2.....	3.....	4.....	5.....	6.....
b. The people important to me accept me as I am? During the past month did you feel this	1.....	2.....	3.....	4.....	5.....	6.....
c. I enjoy the time I spend with the people who are important to me?	1.....	2.....	3.....	4.....	5.....	6.....
d. The people I care about seem interested in how I am doing?	1.....	2.....	3.....	4.....	5.....	6.....
e. The people I care about come through for me when I need them?	1.....	2.....	3.....	4.....	5.....	6.....
f. When something is on my mind, just talking with the people I know can make me feel better. During the past month did you feel this	1.....	2.....	3.....	4.....	5.....	6.....
g. The people who are important to me encourage me when I feel discouraged or down?	1.....	2.....	3.....	4.....	5.....	6.....
h. I enjoy talking about everyday kinds of things with the people I care about?	1.....	2.....	3.....	4.....	5.....	6.....
i. The people I know are a good source of useful information when I need it?	1.....	2.....	3.....	4.....	5.....	6.....
j. The people I care about help me out?	1.....	2.....	3.....	4.....	5.....	6.....
k. When I need someone to help me out, I can usually find someone.	1.....	2.....	3.....	4.....	5.....	6.....

THANK PARTICIPANT AND VERIFY CONTACT INFORMATION FOR HER AND SECONDARY SOURCES. INFORM HER OF 12 MONTH INTERVIEW AND OBTAIN BEST TIME TO CALL.

SECTION K. END OF INTERVIEW

1. TIME INTERVIEW ENDED: |_|_| : |_|_| am / pm
2. DATE INTERVIEW COMPLETED: |_|_| - |_|_| - |_|_|_|_|
 MO DAY YEAR
3. INTERVIEWER ID #: |_|_|_|
4. ANSWER CARDS: AVAILABLE 1
 NOT AVAILABLE.....2
 WROTE DOWN3
- 5a. WAS THE RESPONDENT'S UNDERSTANDING OF THE QUESTIONS . . .
 GOOD 1 } → **SKIP TO Q. 6**
 FAIR 2 }
 POOR..... 3
- 5b. IF "POOR": WHICH SPECIFIC SECTIONS OR QUESTIONS DID THE RESPONDENT
 HAVE DIFFICULTY UNDERSTANDING?

6. IN GENERAL, WHAT WAS THE RESPONDENT'S ATTITUDE TOWARD THE INTERVIEW?
 FRIENDLY AND INTERESTED1
 COOPERATIVE BUT NOT PARTICULARLY INTERESTED2
 IMPATIENT AND RESTLESS3
 HOSTILE.....4
7. WERE THERE ANY DISTRACTIONS DURING THE INTERVIEW, SUCH AS CHILDREN,
 PHONE CALLS, TV, ETC?
 YES 1
 NO..... 2 → **SKIP TO Q. 8**
- 7a. DID THE DISTRACTIONS AFFECT THE RESPONDENT'S ABILITY TO ANSWER THE
 QUESTIONS . . .
 A LOT, 1
 SOMEWHAT, 2
 NOT AT ALL? 3

8. NOTES:

ACTIVITY:	DOCUMENT:
UPDATE PARTICIPANT'S CONTACT INFORMATION	<input checked="" type="checkbox"/> ACTIVITY BOOKLET <input checked="" type="checkbox"/> DMS
UPDATE CONTACT INFORMATION FOR SECONDARY SOURCES	<input checked="" type="checkbox"/> FACE SHEET <input checked="" type="checkbox"/> DMS
ENTER FINAL RESULT CODE	<input checked="" type="checkbox"/> ACTIVITY BOOKLET <input checked="" type="checkbox"/> FRONT PAGE OF QUESTIONNAIRE <input checked="" type="checkbox"/> DMS